8300 Greensboro Dr. **Suite 1200** McLean, VA 22102

**Todd Slamowitz** (703) 584-8673 tslamowitz@fcclaw.com WWW.FCCLAW.COM NOT ADMITTED IN VA



Accepted / Filed

June 23, 2016

JUN 23 2016

Federal Communications Commission Office of the Secretary

# VIA HAND DELIVERY

Marlene H. Dortch, Secretary **Federal Communications Commission** Office of the Secretary 445 12th Street, S.W., Room TW-A306 Washington, DC 20554

ORIGINAL

**Re: WT Docket No. 10-208** 

Carolina West Wireless, LLC

FCC Form 690 Mobility Fund Phase I Annual Report

SAC(s): 238014, 238015, 238016, 238017, 238018, 238019, 238020, 238021, 238022, 238023, 238024, 238025, 238026, 238027, 238028, COPY ORIGINAL

238029, 238030, 238031, 238032, 238033, 238034, 238035, 238036, 238037, 238039, 238040, 238041, 238042, 238043, 238044, 238045,

and 238046

Dear Secretary Dortch:

Please find attached a copy of each FCC Form 690 Mobility Fund Phase I Annual Report ("FCC Form 690") submitted with the Universal Service Administrative Company (USAC) by Carolina West Wireless, LLC ("CWW") pursuant to Section 54.1009 of the Commission's rules for each study area CWW is authorized to receive support.

A copy of this cover letter has been provided, which you are requested to date-stamp and return.

Sincerely,

Todd Slamowitz

Attachments

No. of Copies rec'd

List ABCDE

13803555	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	238014	
<015>	Study Area Name	Carolina West Wireless, Inc.	Accepted / Filed
<020>	Program Year	2016	
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUN 23 2016
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email:	tslamowitz@fcclaw.com	
	Email of the person identified in data line <030>		
W12/4625/1/4/1/1/	Email of the person identified in data line <0.30>	e Selección manufactura de la Selección de la S	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing	( <u>Y/N)</u> <040>
<040>			(Y/N) <040>
<040>	Has the information required pursuant to §54.1009	ed with the Form 481 reporting	

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	238014		
<015>	Study Area Name	Carolina W	West Wireless, Inc.	
<020>	Program Year	2016		
<030> <035>	Contact Name - Person USAC should contact regardin			
<039>	Contact Telephone Number - Number of person iden Contact Email Address - Email Address of person iden	tified in data line (020)		
		tslamowitz	z@fcclaw.com	
	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1940022		
<111>	Filing Carrier Name	Carolina West Wireless, Inc.		
<112>	Winning Bidder Carrier Name	Carolina West Wireless, Inc.		
<113>	Street Address (or PO Box)	1307 Curtis Bridge Road		
<114>	City	Wilkesboro		
<115>	State	NC		
<116>	Zip-Code	28697		
<117>	Telephone Number	3369735000 ext.		
<118>	Fax Number	3368387550		
<119>	Email Address	slaytons@carolinawest.com		·
<120> <121> <122> <122> <123> <124> <125> <126>	iformation  if same as above, indicate in this box  Name (First, MI, Last, Suffix)  Filing Carrier Name  Street Address (or PO Box)  City  State  Zip-Code  Telephone Number	Slayton S. Stewart Carolina West Wireless, Inc. 1307 Curtis Bridge Road Wilkesboro NC 28697 3369735000 ext.		
<127>	Fax Number	3368387550		
<128>	Email Address	slaytons@carolinawest.com		
	d Agent Information if no agent, indicate in this box			
	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, Nace, Gutierrez & Sachs,		
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 120	00	
<133>	City	_McLean		
<134>	State	VA		
<135>	Zip-Code	22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696	<u>-</u>	
<138>	Email Address	tslamowitz@fcclaw.com	<u></u>	

(060) Coverage and Performance Report	**	FCC Form 690	
		Ap proved by OMB	
		OM8 Control No. 3060-1185	
		Page 3 of 8	

<010>	Study Area Code	238014
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2015 - 12/2015	

060_Co	verage and	Performance	Report	(Unconsructed).zip

Coverage and Performace attachments

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	•									
					:			Road	Total Road	Certify that
							Road	Miles per	Miles	Coverage and
				Resident	Resident Population	Total Resident Population	Miles per	Census Block	covered per	Performance data is uploaded
				Population per	Newly Reached	Reached by	Census	, ,	Census	(Yes/no)
	State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
					ee attach	<u>ed worksl</u>	neet			
	-									

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	238014
<015>	Study Area Name	Carolina West Wireless, Inc.
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)					
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.					
Name of Reporting Carrier:					
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/23/2016			
Printed name of Authorized Officer:	Thad Southers				
Title or position of Authorized Officer:	СРО				
Telephone number of Authorized Officer:	3369735090 ext.				
Study Area Code of Reporting Carrier:	Filing Due Date fo	or this form:			

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Signature of Authorized Officer or Employee:  Printed name of Authorized Officer or Employee:  Title or position of Authorized Officer or Employee:	is authorized to submit the information reported on behalf of the reporting	certify that (Name of Agent) Lukas, Nace, Gutierrez & Sachs, LLP
Name of Authorized Agent: Lukas, Nace, Gutierrez & Sachs, LLP  Name of Reporting Carrier: Carolina West Wireless, Inc.  Signature of Authorized Officer or Employee: Date  Printed name of Authorized Officer or Employee:  Title or position of Authorized Officer or Employee:	sibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the	carrier. I also certify that I am an officer or employee of the reporting carrier; my
Name of Reporting Carrier: Carolina West Wireless, Inc. Signature of Authorized Officer or Employee: Date Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	authorized agent is accurate.	authorized agent; and, to the best of my knowledge, the reports and data provide
Signature of Authorized Officer or Employee:  Printed name of Authorized Officer or Employee:  Title or position of Authorized Officer or Employee:		Name of Authorized Agent: Lukas, Nace, Gutierrez & Sachs
Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:		Name of Reporting Carrier: Carolina West Wireless, Inc.
Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	Date:	Signature of Authorized Officer or Employee:
		Printed name of Authorized Officer or Employee:
Tolonbone number of Authorized Offices of Continue		Title or position of Authorized Officer or Employee:
Terephone number of Authorized Officer or Employee:		Telephone number of Authorized Officer or Employee:
Study Area Code of Reporting Carrier: 238014 Filing Due Date for this form: 07/01/2016	ue Date for this form: 07/01/2016	Study Area Code of Reporting Carrier: 238014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or		

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am autho	rized to submit the certification on behalf of the	reporting	g carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of	my knowledge, the information reported herein i	is accurat	te.
Name of Reporting Carrier:	Carolina West Wireless, Inc.		
Name of Authorized Agent Firm:	Lukas, Nace, Gutierrez & Sachs, LLP		
Signature of Authorized Agent or Employee of Agent:			Date: 06/17/2016
Name of Authorized Agent Employee:	Todd Slamowitz		
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		
Telephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.		
Study Area Code of Reporting Carrier: 238014	Filing Due Date for this fo	orm	07/01/2016

(080) Trib	al Lands Reporting			FCC Form 690
				Approved by QMB
				OMB Control No. 3060-1185 Page 5 of 8
				rogeoura
<010>	Study Area Code		238014	
<015>	Study Area Name		Carolina West Wireless, Inc.	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifi	ied in data line <03	0> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <0:	30> tslamowitz@fcclaw.com	
<b>-112</b>	State			
<142>	State			-
<143>	County			
	-			
<144>	Tribal Land(s) on which ETC Serves			
	-			
		1		
<145>	Tribal Government Engagement Obligation			
		Name of Attached Do	ocument (.pdf)	<del></del>
	If your company serves Tribal lands, please select (Yes, N	lo Not Applicable)	for	
	each of these boxes to confirm the status described on t	he attached	101	
	PDF, on line 145, demonstrates coordination with the Tr			
	government pursuant to § 54.1004 includes:			
		Г		
			Select	
<146>	Needs assessment and deployment planning with a fee		Yes, No, Not Applicable)	
10-	Needs assessment and deployment planning with a focusion community anchor institutions;	is on Tribal		
		}-		
<147>	Feasibility and sustainability planning;	i		

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Rights of way processes

Compliance with Facilities Siting rules

<148> <149>

<150> <151>

<152>

<153>

<154>

(090) Project	t Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
040		
<010>	Study Area Code	238014
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
	recon completion bate	
<211>	Project Status Description (attached)	211_PSD_NC.pdf
	, , , , , , , , , , , , , , , , , , , ,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<b>✓</b>
<213>	Status of Network Deployment - Construction	<b>✓</b>
<214>	Status of Network Deployment - Deployment	<b>✓</b>
<215>	Status of Network Deployment - Maintenance	<b>✓</b>
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	<b>/</b>
<218>	Network will Support 3G/4G Mobile Service ?	) 3G <b>(</b> ) 4G

(101) Certification - Reporting Carrier		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	238014
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

ertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier:					
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/23/2016			
Printed name of Authorized Officer:	Thad Southers				
Title or position of Authorized Officer:	CFO				

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	
(true) certification - Ment / Carrier	FCC Form 690
	Approved by OMB
	Approved by Circle
	OMB Control No. 3060-1185
	ONIS CONUUS NO. 3000-1163
	Haran Care
	Page 8 of 8

<010>	Study Area Code	238014
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

l certify that (Name of Agent) Lukas, Nace, Gutierrez & Sa also certify that I am an officer of the reporting carrier; my respondagent; and, to the best of my knowledge, the reports and data programmer.	ensibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
Name of Authorized Agent: Lukas, Nace, Gutierrez & Sachs	, LLP
Name of Reporting Carrier: Carolina West Wireless, Inc.	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 238014	Filing Due Date for this form: 07/01/2016

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Colonidation of Agent Addionized to file for Mic	bility Fund Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the re reported herein based on data provided by the reporting carrier; and, to the be	ports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data st of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier: Carolina West Wireless, Inc.	·
Name of Authorized Agent Firm: Lukas, Nace, Gutier	ez & Sachs, LLP
Signature of Authorized Agent or Employee of Agent:	Date: 06/17/2016
Name of Authorized Agent Employee: Todd Slamowitz	
FCC Legal Couns	el
Telephone number of Authorized Agent or Employee of Agent: 7035848678 e	kt.
Study Area Code of Reporting Carrier: 238014	iling Due Date for this form: 07/01/2016

# **Attachments**

Inch! c.			
fron roa	erage and	Performal	ice Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	238014
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2015 - 12/2015

<141>

<81>	<a2></a2>	<a3></a3>	 b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d><d></d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
NC	Alexander	0000	0	0	0	0.0	0.0	0.0	Yes
									<del>4 · · · · · · · · · · · · · · · · · · ·</del>
						•••			

Percentage of
<b>Total Population</b>
Reached by
Service

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1			
1			

Percentage of Total Road Miles covered by Service

0			

# FCC FORM 690

# (060) COVERAGE AND PERFORMANCE REPORT

Carolina West Wireless, LLC did not complete any drive tests with respect to the SAC associated with this filing during the reportable period.

#### Carolina West Wireless, Inc.

#### **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, Carolina West Wireless, Inc. ("CWW") submits that, during the reportable period, there were no material updates to its project description, network design, construction, deployment and maintenance associated with this Study Area Code ("SAC") that was provided by CWW in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

During the reportable period, CWW continued to construct and deploy its network in the eligible areas associated with this SAC. It anticipates that it will submit its drive testing data in conjunction with its request for final disbursement no later than July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund - \$54.1009 Annual Reporting lection Form		Avg. Bu	FCC Form Approved by OMB OMB 3060-1185 rden Estimate per Respondent: 18 Hours
<010>	Study Area Code	238015		
<015>	Study Area Name	Carolina West Wireless, Inc.		-
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz		Accepted / Filed
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		JUN 23 2016
				Federal Communications Commission
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		Office of the Secretary
<039>		tslamowitz@fcclaw.com		Office of the Secretary
<039> 	Email of the person identified in data line <030>		<u>N)</u> <040> C	Office of the Secretary
Manta Edilmin	Email of the person identified in data line <030>	been provided with a Form 481 filing (Y/	N) <040> C <041>	Office of the Secretary
Manta Edilmin	Email of the person identified in data line <030>  Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/		Office of the Secretary

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(050) Car	rier Contact Form			FCC Form 690 Approved by OM8
				OMB Control No., 3060-1185 Page 2 of 8
<010>	Study Area Code		238015	
<015>	Study Area Name		Carolina West Wireless, Inc.	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding		Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identi		7035848678 ext.	
<039>	Contact Email Address - Email Address of person identi	ified in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1940022		
<111>	Filing Carrier Name	Carolina Wireless,	Inc	
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)	Carolina Wireless, 1307 Curtis Bridge		
<114>	City	Wilkesboro	NOBU	
<115>	State	···		
<116>	Zip-Code	NC		
<117>	Telephone Number	28697		
<118>	Fax Number	3369735000 ext.		
<119>	Email Address	3368387550		
12207	Endi Address	slaytons@carolnawes	st.com	
Camba at 1-				
<u>Contact II</u>	if same as above, indicate in this box			
<120>				
	Name (First, MI, Last, Suffix)	Slayton S. Stewart		
<121>	Filing Carrier Name	Carolina Wireless, 1	Inc.	
<122>	Street Address (or PO Box)	1307 Curtis Bridge F	Road	
<123>	City	Wilkesboro		
<124>	State	NC		
<125>	Zip-Code	28697		
<126>	Telephone Number	3369735000 ext.		
<127>	Fax Number	3368387550		
<128>	Email Address	slaytons@carolnawest	com	
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, Nace, Gutierr	er f Sache III	
<132>	Street Address (or PO Box)	8300 Greensboro Driv		
<133>	Cit.		e, batte 1200	
<134>	Stata	McLean		***************************************
	•	VA		
<135>	Zip-Code	22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696		
<138>	Email Address	tslamowitz@fcclaw.com	m.	

(060) Ca	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	238015
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016

060\_Coverage and Performance Report (Unconsructed).zip

Coverage and Performace attachments

<141>	<81>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<€3>	<d>&gt;</d>
					ĺ					-
							i			
									Total	}
								Road	Road	Certify that
					Resident	Total Resident	Road Miles	Miles per Census	Miles covered	Coverage and Performance data
				Resident		Population	per	Block	per	is uploaded
	State	County	Census Block		Newly Reached by Service		Census Block	Newly Reached	Census Block	(Yes/no)
			GOTIOGS BIOCK	CC113G3 DIOCK	by Service	Jervice	BIOCK	Reactied	DIOCK	
					See attach	<u>ed worksl</u>	heet			
							<u> </u>			
		-								
			,	0			ا			

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

Approved by OMB OMB Control No. 3060-1185	(070) Urban Rate Comparability Certific	cation Compliance		FCC Form 690
	and the second second			OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	238015
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee o	the reporting carrier; my responsibilities include ensuring of	compliance with 47 CFR §54.1009(a)(4), the information reported on this
form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/23/2016
Printed name of Authorized Officer:	Thad Southers	
Title or position of Authorized Officer:	СГО	
Telephone number of Authorized Officer:	3369735090 ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for	this form:

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or I	Employee to authorize an Agent to file Compli	pliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent) Lukas,	Nace, Gutierrez & Sachs, LLP	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an office	r or employee of the reporting carrier; my responsibi	sibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my	knowledge, the reports and data provided to the au	authorized agent is accurate.
Name of Authorized Agent:	Lukas, Nace, Gutierrez & Sachs, LLP	· · · · · · · · · · · · · · · · · · ·
Name of Reporting Carrier:	Carolina West Wireless, Inc.	
Signature of Authorized Officer or Employ	yee:	Date:
Printed name of Authorized Officer or Em	ployee:	
Title or position of Authorized Officer or E	mployee:	
Telephone number of Authorized Officer	or Employee:	
Study Area Code of Reporting Carrier: 23	8015 Filing Due	ue Date for this form: 07/01/2016
Persons willfully making false statem	ents on this form can be punished by fine or forfeiture unde under Title 18 of the United States	nder the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment tes Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am authori data provided by the reporting carrier; and, to the best of m			ovided the data reported herein based on
Name of Reporting Carrier:	Carolina West Wireless, Inc.		
Name of Authorized Agent Firm:	Lukas, Nace, Gutierrez & Sachs, LLP		
Signature of Authorized Agent or Employee of Agent:			Date: 06/17/2016
Name of Authorized Agent Employee:	Todd Slamowitz		
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		
Telephone number of Authorized Agent or Employee of Agen	t: 7035848678 ext.		
Study Area Code of Reporting Carrier: 238015	Filing Due Date for this form:	07/01/2016	

(080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code			
<015>	Study Area Name		238015  Carolina West Wireless, Inc.	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	g this data	Todd Slamowitz	
<035> <039>	Contact Telephone Number - Number of person ident Contact Email Address - Email Address of person ident		<020>	
<142>	State	unied in data line	tslamowitz@fcclaw.com	
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attache	rd Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	the attached	ble) for	
<146>	Needs assessment and deployment planning with a fo community anchor institutions;	cus on Tribal	Select (Yes, No, Not Applicable)	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Environmental Review processes  Compliance with Cultural Preservation review processes			
~±JJ/	Composite with Cultural F1656(Valion feview Df0C6556	~		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8 %
<010>	Study Area Code	
<015>	Study Area Name	238015
<020>	Program Year	Carolina West Wireless, Inc.
<030>	Contact Name - Person USAC should contact regarding this data	2016 Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
	postalita di la constanti di l	colanow10291001aw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	211_PSD_NC.pdf
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<del>                                     </del>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<del>- / -</del>
<216>	Project Budget Status	<del>- ' -  </del>
<217>	Project Plan Status	<u>,</u>
<218>	Network will Support 3G/4G Mobile Service ?	3G <b>(</b> 4G

(101) Certification - Reporting Carrier	FCC Form 690
## \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$	Approved by OMB
and the state of t	OMB Control No. 3060-1185 Page 7 of 8
	rage / Ura

<010>	Study Area Code	238015
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/23/2016

Printed name of Authorized Officer:

Thad Southers

Title or position of Authorized Officer:

CFO

Telephone number of Authorized Officer:

3369735090 ext.

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	238015
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Lukas, Nace, Gutie also certify that I am an officer of the reporting carrie agent; and, to the best of my knowledge, the reports	responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
Name of Authorized Agent: Lukas, Nace, Gutierro	achs, LLP
Name of Reporting Carrier: Carolina West Wireles	c.
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 238015	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this for	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File	e for Mobility Fund Recipients on Be	half of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to sub eported herein based on data provided by the reporting carrier; and,	mit the reports for Mobility Fund recipien to the best of my knowledge, the informa	ts on behalf of the reporting carrier; I have provided the data tion reported herein is accurate.
Name of Reporting Carrier: Carolina West Wireless, In	nc.	
Name of Authorized Agent Firm: Lukas, Nace,	Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent:		Date: 06/17/2016
Name of Authorized Agent Employee: Todd S1	amowitz	
itle or position of Authorized Agent or Employee of Agent FCC Leg	al Counsel	
elephone number of Authorized Agent or Employee of Agent: 70356	348678 ext.	
	Filing Due Date for this form:	07/01/2016

# **Attachments**

(050) Coverage and Performance Report	
faces source after the control of th	FCC Form 690
	Approved by OMB
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	OMB Control No. 3060-1185

Study Area Code	238015
Study Area Name	Carolina West Wireless, Inc.
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
Coverage and Performance Report Year	01/2015 - 12/2015
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>

<141>

<a1></a1>	<a2></a2>	(43)	  <	 4b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	⋖⋫
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
NC	Allegheny	0000	0	0	0	0.0	0.0	0.0	Yes
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Percentage of
<b>Total Population</b>
Reached by
Service

0			
ĺ			

Percentage of Total Road Miles covered by Service

0			

### **FCC FORM 690**

# (060) COVERAGE AND PERFORMANCE REPORT

Carolina West Wireless, LLC did not complete any drive tests with respect to the SAC associated with this filing during the reportable period.

#### Carolina West Wireless, Inc.

#### **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, Carolina West Wireless, Inc. ("CWW") submits that, during the reportable period, there were no material updates to its project description, network design, construction, deployment and maintenance associated with this Study Area Code ("SAC") that was provided by CWW in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

During the reportable period, CWW continued to construct and deploy its network in the eligible areas associated with this SAC. It anticipates that it will submit its drive testing data in conjunction with its request for final disbursement no later than July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).